STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO REGISTRAR MIDDLE DATE KNOWN [7] DECEASED NAME 2h HOUR MONTH DAY (TYPE OR PRINT) ESTI-DEATH MATED 10/1/8419 George W. Adams, Jr. SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 24 HOUR 2:00 YEAR LAST BIRTHDAY) PRONOUNCED male white DEAD 962 10/1/8419 BIRTHPLACE (STATE OR **9 BALTIMORE CITY OR COUNTY OF DEATH** 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRYS Maryland WIDOWED [DIVORCED Worcester County 128 LISUAL OCCUPATION LIVE OF WORK 176, KIND OF BUSINESS CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) Pokomoke River Snow HIII hatcheryman poultry USUAL RESIDENCE (IF IN NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS OUNTY Delaware Dagsboro YES [Sussex NO T Box M. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Patsy Adams Stevenson George Sr. 16h SOCIAL SECURITY NO. 7 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) LIE YES GIVE WAR OR DATEST 221-56-8514 George W. Adams Sr. Dagsboro no 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: OR REMOVAL Drowning IMMEDIATE CAUSE (a)... DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION F. WAYARDED TO ITHE USED TO PER ART PAGE 3 SHOULD BE USED TO STATE DEPARTMENT OF HEARESTATE DEPA 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 1 71g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX MONTH DAY YEAR UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 4: 00 P.M. 9/30/ 1984 subject dorwned when boat overturned 21e PLACE OF INJURY (AT HOME 71f LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK Pokomoke River, Snow Hill. Worcester. water 22a I certify that I took charge of the remains described above, held an Inspection Homicide Undetermined manner death resulted from: TITLE (SPECIFY) ACTUAL 10/2/84 MD Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME EXECUTO PAGE AFTER BALTING Gregory R. Kauffman, M.D. Penn St. (TYPE OR PRINT) **ADDRESS** 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial Concord Concord 24 FUNEWALD RECTOR 25g, DATE REC'D. DHMH - 17 Millsboro, Dell (VR A15 ME (5))

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O		XAMINER'S NAM	E	JOHN T.	BHLKELEY	. м.р.	ADDRESS SAT.	ISBURY MARY	T.AND		
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RE THE THE PRESENT OF A 2 D. 2		22a I certify that I took charge of the rea	moins described above, held an Autopsy , Inspection . Inquiry	, and in my opinion
EXAMINE CERTIFICA CLERTIFICA CLERTIFICA DIRECTOR MARYLANI	1		X. Accident . Suicide . Homicide . Undetermined monne	
CAMILE ERTIFIED BE		A	TITLE (SPECIFY)	
CAL EXA SHOULD ERAL DIR EATH, WI ORE, MAR		SIGNATURE MACA	M DASSISTANT MEDICAL EXAMINE	DATE 10-17-84
DECA SEA		77.	XY -	
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORE TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTWORE, MARYLAND,		(TYPE OR PRINT) Ann M. I	Dixon, M.D. ADDRESS 111 Penn St., B	alto., Md. 21201
5 × 5 × 8	230 E	URIAL CREMATION, REMOVAL 236 DATE	184 GRACRES MEM PK SALSPU	COUNTY STAKE
BP		BURIAL IDIA		My WIC MY
DHMH - 17	24 F	UNERAL DIRECTOR	ADDRESS 250. DATE REC'D. BY REGISTRAR 2	SE REGISTRAR'S SIGNATURE
(VR A15 ME (5))	0	Juste III. W	100 00 11 N VI 20 TON 94	a Davidson-Randall

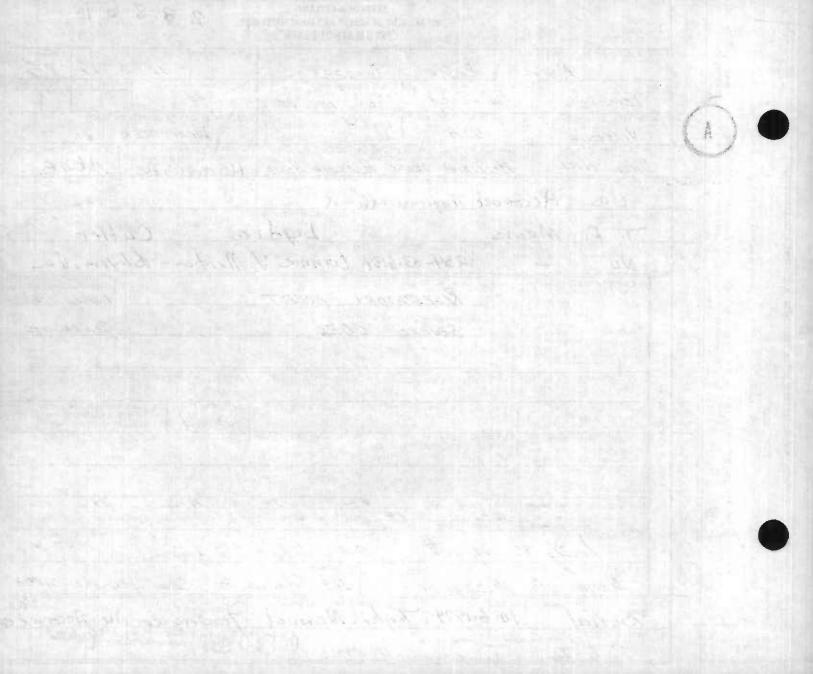
SHT23mm Aufficial A sufficient and MOSMAGE LIM SICE PE NEAR MEAN MEAN AN VERMAN TITTES CHARLEST COURSE. - UNIVERSE THE DESTRUCTION OF THE STATE OF

MARCHET . YERTHOM MEET , ENDER, MEET .. DELL PS-NY STATE PORTOMER STATE . - Asyte Aroll - The Start work CARDING BOOKS FARRINE + OLD ILKUSPITE FARRE OR FREIDING 12/5 1/2 / 1/2/ 1/2/1/2 1/4/2/1/2 1/2/1/2 1428184 the Ill - To have you - x REBLET C. LA MARK, THE LAT PARK ST SHOWRING MIDE SELVER

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		1. DE	REGISTRAR CEASED NAME FIRST		MIDDLE		AST .	PLATTI	REG. N		DAY YEAR	26 HOUR
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tou do		3. SE	Georgi	4. RACE	D.	5. DATE O	Pusey OF BIRTH		10/03/84 6 AGE (IN YEARS LAST B	RTHDAY	IF UNDER 1 YEAR	5:25 a
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S Call S	16	7e. 8	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER	MARRIED -	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
1 1	1	(Cedartown, MD		SA	WIDOW	DE DI	NORCED	Worces	ster		٨
by the li	20		Berlin, MD	(IF NOT IN SU	HOSPITAL, NURSIP CH FACILITY, GIVE STREET in Nursin	ADDRESS)		TITUTION	120 USUAL OCCUPATION OF WORK FOR MOST HOUSEWIFE		126. KIND O INDUSTRY Own I	of Business o Home
2 13 3	DL	USU	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)		ITY LIMITS?	130. STREET ADDRESS		21863	
A STATE OF	21			rcester	Snow Hi		YES 🗆	NO 🖹	Rt. 3, Box	88, J	Public	Landing
with letet d 2 s	22	14. F/	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER	S MAIDEN NA	ME		LA	
omplomed on one	20		Cornelious		Smack			Ann	ie		Smack	ζ
e execu n and c Pages	1		VAS DECEASED EVER IN U.S.	GIVE WAR OR DATES)	166 SOCIAL SECT		17. INFORMA		ADDF			
be on o	/		No		219-44-	1593	Will	iam S.	Pusey, Sno	w Hill		
cate hysica popel oval.			18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per	r line for (a), (b), ar	id (c).)	- 2	-			BETWEEN	XIMATE INTERVAL LONSET AND DEAT
g ph onp				IATE CAUSE (0)	Un	NLE	ددر					
th ce ndin corb				DUE TO, O	R AS A CONSEQU	ENCE OF	7					
dea ore ore			Canditions, if any, which	(b)_	//	101						
the remo			gave rise to immediate cause (a), stating the	DUE TO, O	R AS A CONSEQU	ENCE OF						
that by base ol, cr		-	underlying cause last.	(c)	17	61	NG.					
quires signed hen pli to burii		Z C	PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	NAL DISEASE OR COM	IDITION GIV	EN IN PART 1	a,
been prior any ir	U	CERTIFICATION	198 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY?	206. IF YES	, WERE FINDI	NGS USED
he le		THE							YES NO		YING CAUSES	NO [
HYSICIAN: The ding physicic is certificate buriol-transit Mental Hygie or them 18 sho	(1)	CER	210. ACCIDENT WAS UNDERLYING			AY YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 F	PART 1 OR PART 2)	
SICIA ng pl certif certif iriol-t entol	1	CAL	OR CONTRIBUTING CAUSE OF	DEMIN	M.	19		1500				
+ + + +		MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATIO	ON	CITY OR T	OWN	COUNTY	STATE
DING P or after the os the norked		×	WHILE NOT WHILE AT WORK	(A) HOME, SI	REET, PACTORY, OFFICE, I	ARM	SINCE	C -	()	1-	600	1 SIAIR
DIN or Aff	85.1		22a.1 certify that (I) (this ha	spital) Averded	dedpsed from_	100		190 5	10 00	7	19	that (1) (we) lo
TEN or of the			sow the deceased alive	on Ver	10	17 ,01	nd that in (my)	(aur) opinion o	death accurred on the c	ote and hou		, , ,
R ATTEN haspital RECTOR sed for used H			abave, (1) (we) (did) (did 22b. SIGNATURE	nat) view the bady	atter death.	/	DEGREE				22c. DATE	SIGNED
the hortecheck Dept	1	100	7	/	1. 15		A	ATTENDING _	MEDICAL STA	FF	10	3-XX
SPITAL d by the NERAL be deto e Stote	+-		224 PHYSICIAN'S NAME (TY	PE OR PRINT)	Ch H	ers	22e ADDRES	PHYSICIAN	DIRECTOR DHITS	CIAN	10	2 0/
oed Hd b	1									0404		
TO HOSPITAL (retained by the TO FUNERAL I should be deto with the State I MPORTAN): if			Dr. Federico						Berlin, MD	2181		
		23e. E	SURIAL, CREMATION, REMOV				EMETERY OR		23d LOCATION CITY OR TOWN	1.364	COUNTY	STATE
BP	ce I		Burial	10/5/	84 I	Bates	Method:		Snow H		Maryla	and
DHMH - 16 50M 4/8	2	24 FI	UNERAL DIRECTOR		ADDRESS			25e. DATI	E REC'D. BY REGISTRA	256. REGIST	RAR'S SIGNAT	URE
(VRA 15, 4)	415		Norman F. Der	mis, Sno	w Hill, N	laryla	ind	OCT	1994 gu	ia David	lson-Rand	

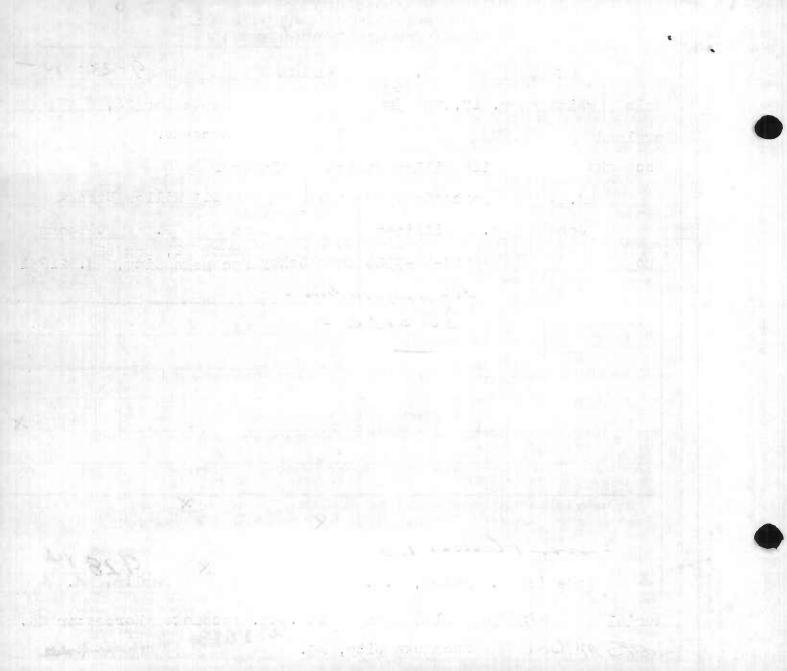
binitary affirmation, tell as an assistance LOCAL I. DESEMBLE (ESTA LA MESTA LA MES



1.12			ATE OF MARYLAND	9 8 8	5 5
1	FOR STATE		HEALTH AND MENT	EDEATH	
1 06	REGISTRAR CEASED NAME FIRST	MEDICALEXAMII	NER'S CERTIFICATE O	. KEG, 140.	MONTH DAY YEAR 26 HOUR
	PE OR PRINT)			20 DATE KNOWNXX	
1.56	Hilton		Taylor EARS IF UNDER 1 YR. IF UNDER 1	DEATH MATED	10-29 19 84 A
17	N I N	ONTH DAY YEAR LAST BIRTH		MIN. PRONOUNCED	8:07
1	Male Megro	2011, 17011	YRS.	DE AD 9. BALTIMORE CITY OR	
9. 2	MEIGH COULDY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIE	ED X	
11.0	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOM	WIDOWED LI DIVORCE	Ila USUAL OCCUPATION (TYPE O	
7		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS		FOR MOST OF WORKING LIFE)	OP INDUSTRY
1		Apt. 3-St. Rt. 12	& 361	Laborer	Y
	STATE A 136 COUNTY	13 CITY OR TOWN	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	55/864
	Mar Word	ester Dtockto	YES NO	10 Dx. /	32
1)	ATHER'S NAME	IDDLE	15. MOTHER'S MAIDE	WIDDIE	M 451 11
140	WAS DECEASED EVER IN U.S. ARMED	FORCES? 16b. SOCIAL SECUR	TYNO. 17. INFORMANT	ADDRESS	Marshall
(YES, NO. OR (INKNOWN) (IF YES, GIVE WAR		nam Nand	man ON Q. 122	CL11 M1
-	110	del 1-2000	2100 Hancy H	1941) KU, DX. 132	APPROXIMATE INTERVAL
	DADT I DEATH WAS CALICED BY	ne cause per line far (a), (b), and (c).)	1 2 2 3	/ -l Di	BETWEEN ONSET AND DEATH
	IMMEDIATE C	AUSE (a) Arterioscler		lar Disease	
	Canditions, if any, which	DUE TO, OK AS A CONSEQUENCE	· Or		
	gave rise to immediate cause (a) stating the under-	(b)	or		
	lying cause last.	DUE TO, OK AS A CONSEQUENCE	OF		
	PART 2 OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH OUT NOT RELATED TO THE TE	MINAL DISCASS OF CONDITION CIVEN IN AAR	17.1	<u> </u>
Z	TAKE 2 OTHER SIGNE CONDITIONS CONT	KISSTING TO DESTIN BUT NOT RECEIVED TO THE TE	MINNE DISCUSE DE COMPILION DIVEN IN LAN	(1 10:	
CERTIFICATION	190. DATE OF OPERATION	1196 CONDITION FOR WHICH OP	RATION WAS PERFORMED?		20 AUTOPSY?
- SE					YES NOXX
ERT	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PA	
	UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YE.	AR		
MEDICAL	214 INTILIPY OCCUPPED	21e PLACE OF INJURY (AT HOME,	211 LOCATION		
ME	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	/ !	the remains described above, held an	Autapsy , Inspection		in my apınıan
	death resulted from: Natural c	auses Accident .	uicide . Homicide .	Undetermined manner,	
	ACTUAL () A A A A A	(All who	TITLE (SPECIFY)		DATE 10-29-84
	SIGNATURE	1 July 11 10	MO Assistant	MEDICAL EXAMINER	SIGNED 1.0-29-84
4	EXAMINER'S NAME Denni	s F. Smyth, M.D.	ADDRESS 111 F	enn St., Balto.	, Md. 21201
23a	BURIAL, CREMATION, REMOVAL 236.	DATE 234 NAME OF C	ENETERY OR CREMATORY	THE TOCATION	PIAR YINUO
24	DUTIO //	-3-87 Hone C	exticial Cemi	REC'D. BY REGISTRAR 1256, REGIST	War. Manure
14	NATE ALL A	ADDRESS \	MONIER STORY		indon-Randall
	Marcul D. Dr.	vagle I Vell CV.	urch, va, INUV	1 3 1984	a farmer and and far farmers

A SAME A MARKET The Fire March See A B. B. S. Shalland

250 1	1	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3	7					
FOR STATE	1/2	MEDICAL EXAMINER'S CERTIFICATE OF DEATH						
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20. DATE KNOWN Month	Doy Yeor 2b. HOUR					
PM3 pm3	1	Type or Print) GEORGE M. WILLIAMS OF ESTI- DEATH MATED 9 -	23-1984-					
Pages form PM partment	3. 9	SEX 4. RACE S. DATE OF BIRTH 6. AGE PROPOSITION OF STREET OF BIRTH 6. AGE PROPOSITION OF STREET	2d. HOUR					
2-08		male white Apr. 17.1926 (E) YRS. MONTHS DAYS HOURS MIN September 26	Yeor 1984					
\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	70.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH						
200	T W	aryland USA WIDOWED K DIVORCED Worcester	N					
haurs haurs on Item		CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY					
	-	Pocomoke give steet oddress) 135 Willow Street during most of working life, even if retired.) USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	71651					
Within 2. within 2. within 2. word in pencil		refinission) STATE 126 COUNTY	Street					
N C C C C	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost					
BALTIMORE with well and an arranged managed and an arranged and arranged and arranged and arranged arr	1	John A. Williams Emma F.	Gibbons					
BALTIM(executed pending dical Ever		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ROSS	62					
- a a a	L	Yes, no, or unknown) (If yes give wor or dotes of service) 220-32-9326 Ruth Selby Pocomoke City	Md. 21851					
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
PRESTON STRI ficate should vriting the wall for the Chief nsit permit. F	н	IMMEDIATE CAUSE (0) Strangolotos						
PRESTON ificate sl writing the ta the passit per		Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF SUICE SUICE CONDITION CONDITION						
N. PRESTC certificate tte, writing ded to the l-fransit p	Н	rise to immediate couse (a), (a)						
W. Cercate, rinded		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF						
301 W. PRESS This certificate certificate, writin faruarded to 1 burial-transit ir removal, and		(c)						
RECORDS, 3 EXAMINER: execute the cel should be fo	_	TAKE 2. STILLE SOUTH CONDITIONS CONTINUE TO BEAT DOT NOT RECEIVE TO THE TEXAMINE DISEASE ON COMMINION SIVEN IN PART 1(0)						
ORD MINING Id the	ATIO	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?					
IL RECORDS, NL EXAMINER execute the should be used as a	CERTIFICATION	WAS PERFORMED?	YES NO					
Se 4 Pe SE		210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It HOW A.M.	em 18.)					
OF VIT TY MEDII ary, plea or files. shauld ta burta	MEDICAL	CAUSE OF DEATH P.M. 19						
ory, ory, by fat fat fat fat by the b	×	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.) 21f. LOCATION Street or R.F.D. No. (ity or Town	County Stote					
USION OF VITAL DEPUTY MEDICAL necessary, please of derector. Page 4 for your files. age 3 should be		WHILE NOT WHILE tactary, office building, etc.)						
ony delay is necessary, the funeral director. Poe retained far your figure of the poer fi		220. I certify that I took charge of the remoins described above, held on Autopsy, Inspection Z, Inquiry	, and in my opinion					
lay ined ined ined ined ined ined ined ined		death resulted fram: Natural causes 🔲 , Accident 🔲 , Suicide 💢 , Hamicide 🔲 , Undetermined manner						
for de FCIC		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22b. DATE	SIGNED . 2					
f ony the be r DIRE	1	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	28 84					
TRAIL I	1	NAME (Type) Federico G. Arthes, M.D. ADDRESS(Street, city, town, or county) Berlin	, Md.					
TO D TO D Ster death. If ony delay is 2, and 3 to the funeral director To FUNERAL DIRECTOR: Page Health and Mental Hygiene pr	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)					
after de 2, and Page 5 TO FUI Health		Runial 1 0/28/8/ Blei Grange Weth Com I Recomore Wen	cester Md.					
DHMH-17 1/71 10M	74.	FUNERAL DIRECTOR ADDRESS 25 JECO BY REGISTRAR'S 25 JECO BY REGISTRAR'S	SIGNATURE					
(VR A15ME (5))	0	co45. Melson Pocomoke City, Md. DATE Juna Javid	son-gandelle					



	1	STATE OF MARYLAND	^
Λ	11-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 8 6 7 STATE BEGINTOR MEDICAL EXAMINER'S CERTIFICATE OF DEATH BEGINTOR	U
-	Section 1	REG. NO.	DAY YEAR 26 HOUR
64		Quenton Mervin Wise DEATH MATED 10	11 -011 2:00
A CHILDREN	3. SEX	X 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR.] IF UNDER 24 HRS. 21. DATE MONTH	DAY YEAR 2d. HOUR
E SALE	D	Note Nearo 7-16-1911 73 yrs.	16 1984 5:85
T SEE SEE	70 BI	IRTHPLACE (STATEOR 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY	OFDEATH
STATE OF STA		VO. USA. WIDOWED DIVORCED WOrces	1110
WY IS WILE WILE WILE	10 6	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT BY SECHFACILITY, GIVE STREET APPRESS) 12. USUAL OCCUPATION (TYPE OF WORK 17.) FOR MOST OF WORKING LIFE)	26 KIND OF BUSINESS OR INDUSTRY
크는 #R		Ocomake K+2 Bx.78 Laborer AL RESIDENCE IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	ractory
ANY DEL AND 3 TK RETAIN HOULD B RECORD		TATE Md. 136 COUNTY 135 COUNTY 13	01864
OVERSHIP NO	14. F/	ATHER'S NAME AND IN MODIE AST STATES AND HER'S MAIDEN NAME FIRST MIDDLE	LAST
A SECTION OF SECTION O		Edward Wise Horence C	ollins
BE AFTER I B. GIVE PA WITH FOREST DIVISION (WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO, OR UNKNOWN) (IF WES, GINE WAR OR DATES) 212-14-4044 Laura Wise P2 Stock	ton Md.
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ON S DEEM FENE ALENE		PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAR DIO PULMONARY A West	
EST NOW MOV		Conditions, if any, which gove rise to immediate cause (a) stating the under- lying cause last a consequence of DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	
W. PRES WITHIN ENCIL IN MINER A TRANSI NITAL HY OR REM		gave rise to immediate (b) /// OCO LIAL / NFO retrieve	
S ENA	1	(c)	
RECORDS. TO BE EXECUTED BE EX	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to	
RECO ID BE PENDI P	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
SHOULD OND "PE CHIEF N FE USED A TOF HE	FIC		YES NO T
OF VIT. ATE SHE WORI THE CHILD BE UNENTO	EN L	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART	
ON COULT AND COU		UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	
DIVISION OF S. CERTIFICATE RITING THE W RDED TO THE E. 3 SHOULD F TO DEPARTMENT TO PRIOR TO B	MEDICAL	216 INJURY OCCURRED 216 PLACE OF INJURY (ATHOME, WHILE ON NOT WHILE ON WHI	NTY STATE
BIVISION OF VITAL REG R. THIS CERTIFICATE SHOULD E THE WARRING THE WORD "PEN REWAREDED TO THE CHIEF W R. PAGE 3 SHOULD BE USED A E STATE DEPARTMENT OF HEA D. 21201 PRIOR TO BURIAL. CI	2	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY TOWN	
ATE, T ORV, SP. P		270. I certify that I took charge of the remains described above, held on Autopsy . Inspection Inquiry , and in my apir	nian
EXAMINER. CERTIFICAT JUD BE FOR DIRECTOR WITH THE		death resulted Iram: Natural causes . Accident ., Suicide ., Hamicide . Undetermined manner .,	
L EXAMINER: 1 CRETIFICATE, DUID BE FORW. L DIRECTOR: PH, WITH THE SI		ACTUAL TIME & RELIEF SPECIFY) DATE	10/16/84
A SHE		SIGNATURE CEPUTY MEDICAL EXAMINER SIGNED	eil u
TO MEDICAL EXECUTE THE OF PAGE 4 SHOULD A SHOULD		EXAMINER'S NAME TIMOTHY E. BAINUM ADDRESS 16th. St. + Phila Avy. OCHAN	21842
	23a,8	L, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF OWN	1 8
BP	24. F	UNERADURECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIC	SNATURE
DHMH - 17 (VR A15 ME (5))		NAME Languel H. Margara. Now Church Va. OCT 29 1084 Julia Davidson	- Andell
20M 4/82	-	The state of the s	-

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